DOCUMENT RESUME

ED 388 982 CS 215 121

AUTHOR Simpson, Roger; And Others
TITLE Enhancing Empathy in the Trauma Victim Interview: What Was Learned from Journalism Students.
PUB DATE Aug 95
NOTE 22p.; Paper presented at the Annual Meeting of the Association for Education in Journalism and Mass Communication (78th, Washington, DC, August 9-12, 1995). Best available copy.
PUB TYPE Speeches/Conference Papers (150) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS College Students; *Communication Problems; Communication Research; Communication Skills; Higher Education; Instructional Effectiveness; *Interviews; *Journalism Education; Journalism Research; *Role Playing; Teaching Methods; *Victims of Crime
IDENTIFIERS Traumas

ABSTRACT

This paper details the introduction of trauma interview instruction to the journalism classroom. The paper begins by summarizing what has been learned from the academic and trade literature, followed by a detailed explanation of the role play exercise, the principal method of investigation in the paper. The paper also discusses the reactions of the three graduate students chosen to play the bereaved individuals in the role-play and the responses of the undergraduate students who played the reporters sent to interview the victims. The findings support the value of role play in classroom instruction and suggest the need for careful training in preparation for the trauma victim interview. Contains 2 unnumbered tables of data and 25 notes. Appendixes present role-playing information for the victims and for the reporters. (Author/RS)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 388 982

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

R. Simpson

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ENHANCING EMPATHY IN THE TRAUMA VICTIM INTERVIEW: WHAT WAS LEARNED FROM JOURNALISM STUDENTS

This paper details the introduction of trauma interview instruction to the journalism classroom. The study begins by summarizing what has been learned from the academic and trade literature, followed by an explanation of the role play exercise, our principal method of investigation. The findings support the value of the role play in classroom instruction and suggest the need for careful training in preparation for the trauma victim interview.

CS215121

Roger Simpson, Elizabeth Koehler, and Brennon Martin

School of Communications
University Of Washington, DS-40
Seattle, WA 98195
(206) 543-2660

Roger Simpson <newsboy@u.washington.edu>

BEST COPY AVAILABLE

Introduction

During Spring Quarter, 1994, the University of Washington School of Communications introduced trauma instruction into all of its print and broadcast journalism courses, as well as journalism ethics and crisis public relations courses. About 125 students heard about trauma's effects, practiced interviewing trauma victims, and wrote about traumatic events. The premise in developing the trauma program was that since there is little acknowledgement of trauma's effects in the news industry, the optimum site for effective instruction may be the college classroom.[1] We reasoned that the absence of knowledge about trauma could be a barrier to an empathic response by the reporter.

The tragedy-scene interview was chosen as the principal classroom exercise because it compels students to respond to other persons in unfamiliar ways. A classroom scenario placed student reporters at the scene of an attempted murder and suicide where they confronted the adult children of the victims. It was expected that as the scenario was played out, the watching students would be on heightened alert to notice both the resourcefulness and errors of their fellow student.

This paper describes the evaluative process and reports the results of several efforts to learn what had occurred as special attention was paid to trauma in the curriculum.

The intersection of trauma and journalism: literature review

Clinical understanding of trauma came of age in the era that began with World War II and continued through the years after the Vietnam conflict.[2] Journalism evolved in that same period from reportage of personal valor or sacrifice in tragic circumstances to more sophisticated understanding of war, violence, and natural disaster.

Understanding of the intersection of trauma and journalism has developed slowly, however. While traumatic events -- wars, earthquakes, fires, and murders -- remain the mainstay of daily journalism, most reporters still treat the afflicted in much the same way they did at mid-century. While print journalism for the most part hides the interchange between victim and reporter from public view, television every day affirms the harsh, sometimes brutal, character of the reporter interview with the traumatized person. Indeed, the ambush interview sometimes produces a state like trauma in the unsuspecting person as the audience watches. Journalistic practice appears to assume that all trauma survivors are equally ready to report their experiences and mental state to the mass audience, a fact directly contradicted by a substantial clinical literature.

The traumatized person, one who has experienced what a mental-health specialist would call post-traumatic stress disorder (PTSD), is affected by the event immediately. He or she may suffer any or all of the conditions that occur in the aftermath of tragedy and personal loss. Numbness may block some awareness of the event, or the victim may deny its reality; shame, rage, despair, anger and hatred may be part of the victim's emotional response to the event; memories of the event may force themselves repeatedly into the consciousness of the survivor; anxiety may keep the person nervous, edgy, and frightened.[3] Judith Lewis Herman has suggested how important this complex set of reactions can be:

> The dialectic of trauma gives rise to complicated, uncanny alterations of consciousness, which George Orwell, one of the committed truth-tellers of our century, called "doublethink," and which mental health professions, searching for a calm, precise language call "dissociation." It results in the protean, dramatic, and often bizarre symptoms of hysteria which Freud recognized a century ago as disguised communications about sexual abuse in childhood.[4]

The typical trauma victim, in the hours and days after the event, responds to strangers, such as journalists, differently than he or she would in normal circumstances. And the effects don't disappear at once. trauma continues to affect the survivor over a long period. As long as six months after the event, nearly half of all victims still experience some symptoms of PTSD.[5] There is substantial evidence that the witness, as well as the victim, is changed by the event. He or she has trouble finding adequate language to describe events and shares the victim's fear of being stigmatized and isolated by identification with the event.[6]

The reporter's conventional demand on both victim and witness ignores this reality. The journalist's questions are direct, clearly expressing a desire for information and an assumption that the other person can easily be forthcoming. The exchange is framed by a linear, logical description of the event. The reporter assumes that she or he is in control of the situation; the victim and witness are assumed to be in control of their circumstances also. In fact, though, the traumatic event may exert its influence on all those involved in the reporting process -- reporter, victim, and witness.

Few reporting textbooks even mention trauma's power; some give reporters tips on getting sources to talk, implying that reporter and source are equally able to respond to the event. One widely used textbook does not mention trauma, but hints at its effects. Melvin Mencher, in a short chapter on covering accidents and disasters, comments on interviewing witnesses:

> Eyewitness accounts should be treated with care, especially if they are of events that unfold rapidly, and particularly if the witness to the event is emotionally involved. Studies of eyewitnesses of crimes have shown that their reports are incomplete, sometimes unreliable and often incorrect.

While the text offers tips on helping a witness recall an incident, it says nothing about the emotional experience of the witness.

Research and trade journals carried little literature either on the introduction of trauma reporting to the classroom or on the effects of trauma in the reporting process in the past ten years. Although there was a substantial amount of anecdotal evidence about trauma and journalism, two studies addressed these issues empirically.

Andrew Freinkel, et al., concluded that the dissociative symptoms experienced by reporters who witnessed the violence of an execution (in which there was no risk of harm to the witnesses, that was socially sanctioned, and for which they could plan and psychologically prepare themselves) were similar to the symptoms of people who had endured a natural disaster.[5] While none of the journalists reported long-lasting trauma, many reported some short-term impact on their lives.

The second study showed those subjects who had attended a workshop on the effects of PTSD "had a greater knowledge, were more accepting, and were more facilitative with people who have PTSD."[7] Although the subjects were professional counselors, the results suggest that reporters also might respond differently to people with symptoms of PTSD if they first received classroom instruction.

Trade literature provides anecdotal evidence that reporters confront trauma, without offering much analytical insight. The Los Angeles riots, the San Francisco earthquake, and the Challenger disaster have spawned articles by reporters that illuminate either personal or group responses to reporting about trauma. One assignment in the

1960s changed the direction of the life of the Pulitzer Prize-winning journalist William Serrin. Serrin told a writer about covering the 1967 Detroit riot:

> But the riot sort of changed my life. I really began to distrust cops and other authorities and I had not had that experience in journalism before.... Before the riot a lot of my goals were things like to rise in journalism, go to Vietnam.... The story was right here, not in Washington or Paris or Vietnam....[11]

Less common are the articles that reveal the effects of covering the day-to-day violence that is found on the police beat. Cheever Griffin described his experiences as a police-beat reporter in Chicago:

> It was on that summer night that I realized how accustomed to death I had grown in a short period of time. Less than six months earlier I had been handing in feature stories for a grade.... True I am only 24 years old, supposedly too young to be jaded. But since I took this job, I have learned to elevate myself above the tragedy. I haven't been able to separate myself from it though. Death is not cheap; rather it always seems to leave a room full of people who weep and cry out and wonder how they will go on. Every death is a story whether City News thinks so or not.[11]

Alf Pratte's study of journalists who killed themselves "...shows that some journalists who have contemplated suicide and written about it were intimately exposed to death as part of their experience on the police beat [or] as war correspondents...."[12]

The literature suggests four objectives for the introduction of trauma reporting to the classroom: (1) identification of the symptoms of trauma, (2) recognition of a possible "residual trauma" to the reporter from exposure to an incident, (3) strategies for interviewing traumatized individuals, and (4) consideration of ethical issues related to the coverage of trauma and the interview process.

Role-playing the interview

Given these objectives and the importance of the interview in the gathering of news, the interview, the interaction between journalist and victim, was chosen as the

vehicle by which many of these issues would be introduced. The following section describes the classroom methods in detail.

The journalistic interview has been called "a central tool in the journalistic profession," and "a medium of important social influence and potential social impact."[13] According to the seminal work by Eugene Webb and Jerry Salancik, of the four main techniques used by reporters to gather information (observation, records, tips and interviewing), interviewing is "the most perilous and unreliable method."[14]

The journalistic interview is frequently a battle of wits, occasionally adversarial and very often unwelcome. Add to this already awkward situation the complication of an interviewee who just has been traumatized, and you have a prescription for further traumatization. How best, then, to educate journalists about the complexities of such situations?

The role-play has been used by educators for years to create "controlled spontaneity" in the classroom. The pedagogical value of the role-play has been confirmed. Silverman, for example, found that college students retain "10 percent of what they read; 26 percent of what they hear; 30 percent of what they see; 50 percent of what they see and hear; 70 percent of what they say; and 90 percent of what they say as they do something."[15] There is a sense of drama in the classroom during such exercises, as no one -- not even the instructor -- knows what the outcome of the assignment will be.

A study of the effectiveness of the role-play exercise in teaching graduate-level psychological consultant interviewing skills showed that role-play exercises were "far more effective than discussion activities" in facilitating student acquisition of competent

interviewing skills.[7] Although there are certainly many differences between clinical interviews and journalistic ones, "all interviews involve interpersonal communication aimed at eliciting information."[17] The role-play has been described as combining "means-centered instruction with problem-centered work" -- a way to focus on the process of reporting and interviewing in a problematic situation, wherein "'rights' and 'wrongs' are not highly specifiable."[18] Thus, it was reasoned that if the role-play is effective in teaching clinical interviewing skills, it also would be useful in teaching journalistic interviewing skills.

The spontaneity and uncertainty of a good role-play exercise mirror the spontaneity and uncertainty of the world outside the classroom.[19] It was therefore viewed as an invaluable tool in teaching aspiring reporters about the art of interviewing -- especially in the face of trauma, where right and wrong depend so much on the circumstances and the particular individuals involved.

Three graduate students agreed to play the bereaved individuals in the role-play; the undergraduate students were to play reporters sent to interview them. The graduate students were not trained actors or drama students. The actors read a briefing sheet, based on information provided by the staff of Virginia Mason Medical Center Separation and Loss Clinic. The sheet describes the stages of the grieving process and suggests coping strategies for those going through this process. We felt that a realistic role-play depended on our actors being able to immerse themselves in the role of bereaved individuals. (See Appendix A.)

The role-play called for two actors to exemplify two coping mechanisms we wanted students to encounter.[20] One actor portrayed a stunned, dazed and "zombie-like" person. There appears to be an absence of feelings in those coping in this manner, and they usually try to focus on facts and taking care of immediate problems, deflecting any personal emotion. One who copes in this manner appears to be handling things quite well but often ends up most traumatized many months later. The other actor portrayed an hysterical individual. Those coping with grief in this manner often feel a need to move around and get fresh air. They often experience dizziness and/or panic, and show a tendency to sob, weep, or wail openly.

We wanted the scenario to be as real as possible without becoming too complicated. The scenario was based loosely on an incident that occurred in Milwaukee in 1987. The interviewees were the children of an older couple who were shot in their home. In the scenario (see Appendix B), the police tell reporters it appears the husband shot his wife, then turned the gun on himself. He is dead; she is being taken to a nearby hospital. The children (in their thirties) are unaware of the trouble when they approach the home to have dinner with their parents. In shock, they attempt to cross the police line. They are stopped by a detective who explains that no one is allowed to cross the police line, but that he will find some help for them. In the moment they stand there alone, they confront a reporter who has just arrived at the scene, seeking information about the incident.[21]

To learn as much about the role-play as possible, volunteers in some of the classes took part in the role-play outside of the class and without receiving any orientation to

trauma. Those interviews, as well as those conducted in classes, were videotaped. In the classes, other students volunteered or were chosen to be reporters, and were given about ten minutes to prepare for the interview. When the role-play began, it was run three times, each student volunteer having an opportunity to conduct the interview on his or her own, without interference from the other volunteers.

Although the periods of time devoted to trauma instruction varied by course from one hour to four hours, a single format was used for all classes. In advance of class meetings, students read an article on the nature of trauma.[22] Staff members from Virginia Mason Medical Center's Separation and Loss Clinic and Harborview Medical Center, both in Seattle, spoke about the effects of trauma, the process of grieving and the problems bereaved individuals often face in dealing with "the system," including police, the courts, hospitals, and journalists.[23] Role plays were conducted, followed by group discussion involving actors, students, and visiting experts. (The various activities in the instruction unit simply expanded to fill the time allotted by the course instructor.)

Assessing trauma instruction

Three means were used to assess the value of the instruction and the role-play. (1) Students were given brief questionnaires before and after the presentation and role-play and were invited to comment on the exercise in oral discussions conducted after each role-play. (2) The actors were interviewed at length about their responses to the exercise. (3) A videotape record was kept of each role-play. This paper reports on the first two forms of feedback only.

The most noticeable change from the pretest to the post-test was that students, overall, became overly sensitized to trauma. For instance, a psychiatrist had noted during the orientation that 45 percent of those involved in traumatic situations will remain symptomatic six months later. On the pretest, nearly 40 percent of students answered this multiple-choice question correctly, and 30 percent of the students thought the number would be higher than 45 percent. However, after the presentations and role-play, only 25 percent of the students answered this question correctly; the other 75 percent thought the number would be higher.

Female and male students agreed on almost everything, percentages varying only slightly. However, prior to training, male students were more likely to underestimate the long-term effects of trauma. Before witnessing the presentations and role-plays, 72 percent of female students felt either 45 percent or 90 percent of traumatized individuals would remain symptomatic six months after the incident; just 57 percent of the male students felt the same way. (Forty-five was the percentage given in orientations by the Virginia Mason staff; 45 and 90 were the two highest percentages on a list of five choices.) There appeared to be an even stronger response from those who had taken part in the role-play; all eight role-players chose the 90 percent option.

One of the teaching points embedded in the role-plays was the idea that possibly the best thing a reporter could do is to recognize the victim's shock and delay an interview until the victim would have more control over the circumstances. One suggestion repeatedly made was that the reporter might give the interviewees his or her card, and then leave. The interviewees, appreciating this level of respect, would be more likely to

give that reporter a better story in the end. In the pre-test, 60 percent of the students seemed already to understand this. However, in the post-test, students were presented with a scenario very much like the one they had witnessed in class and were asked to number five choices in order of desirability. The suggestion of leaving a business card with the interviewees ranked high, but not first. Topping the students' choices was offering to take the interviewees to the hospital (where the interviewees' mother was taken after being shot). Students unanimously rejected the suggestion that the reporter should "insist the interviewee answer your questions because your deadline is near."

A control group's answers on the post-test were very similar to the answers of the students who witnessed the presentations and role-plays. The control group, however, was less sure that an interview would ever be welcomed by a traumatized individual (the experts emphasized in their orientations that it often is welcomed in the aftermath of an unsolved crime).

In the post-test, students were asked two open-ended questions: (1) What were your reactions, feelings or thoughts as you watched or participated in the role-playing of interviews of trauma victims? and (2) Suggest one or two things that a working reporter could do to prevent further traumatization of survivors. An analysis of the responses follows.

Question #1	Non-players (n = 32)	Players (n = 8)
Anxiety for situation	9	6
Anxiety for self	8	5
Anxiety for classmates	5	
Exercise helpful but not realistic	3	1
Exercise increased awareness	2	2
Reporter(s) insensitive	6	
Felt "contagion"		1

Question #2	Non-players	Players
Respect victims/give space	16	1
Offer help of some kind	11	4
Listen	2	1
Minimize further trauma	2	2
Get facts elsewhere	2	
Give victims control	1	
Guard own information	1	
Say you're helping them tell their story		1

Of the 32 non-players who responded, 16 answered that they felt some sort of anxiety as a result of the exercise. Some said they were anxious or uncomfortable over the situation, their classmates, or themselves while some noted anxiety for a combination of factors. Some observers identified strongly with the victims and the reporters:

> "...a feeling of helplessness and bewilderment. I had no idea what to do or say and I'm glad that I didn't volunteer to play a reporter. I had no idea how difficult that situation would be."
>
> "[I was] uncomfortable. I thought it was an inappropriate time for a reporter to intervene."
>
> "I was concerned about how aggressive the reporter was being. I wanted the people to be comforted more."
>
> "I was hoping the man would not go berserk and harm the reporter. I felt sympathetic; I wanted it all to be over for the reporter."

Of the students who participated in the role play as reporters, all eight expressed some form of anxiety. These students offered some of the more thoughtful responses:

> "[I was] nervous because I had never interviewed before. I felt badly for the 'victims.' I also felt like I was intruding upon something 'private.'"
>
> "My first thought is to just leave them alone, but I need info for my story so I need to pursue it. I didn't know what questions to ask or what questions were appropriate or inappropriate."
>
> "I wasn't sure if my questions were too pushy or insensitive. I think this was an excellent exercise. It really opened my eyes to what victims go through."
>
> "I tried to remain calm and kept a helpful tone throughout, yet never felt comfortable 'invading' their time of grief."
>
> "The class sessions were somewhat helpful, but I still don't feel prepared to interact with trauma victims."

The graduate-student actors reported the stressful character of the project as they worked; months later, they revealed readily how difficult it had been to repeat the exercise.[24] For two of the three actors, stresses in personal lives compounded the effects of the role-playing.

The male actor's performance contributed a great deal of the sense of realism to the exercise. Loud remarks, nervous pacing, rapid movements, and confrontational comments marked his responses to student "reporters." Neither the instructor nor the students, however, knew that he was preoccupied with stress over personal matters; he later admitted that at times he channeled his emotions into the role of murder-victim's son. He also later recalled being "shaky and nervous" after each demonstration.

One of the two women actors also played out the role several times without revealing to the instructor that she was experiencing unusual stress because of non-academic matters. The end of a relationship and fears about the security of her home, when combined with the realistic role-play, left symptoms at the time and nearly a year later. She reported having difficulty sleeping at the time, heightened reactions to the other

participants in the exercise, including anger at what she took to be inappropriate behavior. Months later, the prospect of being interviewed about the role-plays created a stressful reaction similar to that experienced at the time.

For the second female actor, the stress of the role-play faded more quickly, perhaps within an hour. All three actors recalled at least one incident of feeling intense anger toward some participant in the exercise. In one case, the object was an ill-prepared student who simply refused to play the role and instead mugged for the classroom audience. "I was angry at that smart-aleck student, . . . so furious at her. She was so insensitive." Another actor experienced strong anger when an instructor criticized a student without justification. "I had bad feelings -- I was ready to strangle him -- bad feelings inside me."

The actors singled out one "reporter," a woman with considerable newspaper experience, as "most effective" because she offered help and kept up a conversation with the actors. "It wasn't so much what was said, but you felt comforted," one actor said. They observed that when reporters were able to convey some empathy by concentrating on the victims, the acting was easier. "I forgot people were interviewing us," one actor said. Conversely, the actors and the acting were affected by immature responses or "a mechanical spiel of questions."

Actors also noticed that student reporters responded differently to the three pairings of the "victims." When the two women were together, one cried while the other stoically faced the crisis. Often the "crier" was left alone, while the stoic woman was questioned. A brother-sister pairing in the scenario was more likely to draw the reporter's

attention to both actors: in a husband-wife pairing, the reporter always questioned the male actor and ignored his partner.

Discussion

All means of assessment supported the use of the trauma role-play in journalism classrooms. Students and actors absorbed some of the stress of the murder scene, even though the incident was hypothethical, and as a result readily discussed issues in the incident, including reporter behavior, event realism, ethical concerns, and treatment of the incident in a written or broadcast story.

Although classroom discussion was not analyzed for this paper, it can be said informally that whatever time was allotted for debriefing the students, ranging from 30 minutes to two hours, was consumed by intense discussion.

The exercise, in conveying information about the nature of post-traumatic stress disorder, also alerted students to the persistence of symptoms related to trauma in their own lives or in those close to them. While it was the purpose of the exercise to acquaint future journalists with the symptoms their news sources might exhibit, it also seems apparent that some students benefit at the time of the exercise because of previous experiences.

The exercise was revised in subsequent terms because of the feedback gained in these assessment activities. It was decided, for example, to screen prospective actors for unusually stressful events or circumstances and to monitor actors for unexpected stressful events.

In subsequent terms, instruction was elaborated to include specific attention to rape and students were given more elaborate information packets to cover more

BEST COPY AVAILABLE

dimensions of both trauma and rape. The changes reflected our awareness of the need to focus on rape separately from PTSD. Speakers are drawn from rape-assistance organizations, police department victim-assistance programs, and medical centers. Supplementary information now includes lists of resources for both trauma and rape, laws on rape, local and national statistics, terminology, campus policies, and a bibliography.[25]

The students' written responses suggest that at least some of the students involved in the exercise, either as participants or observers, experienced some psychological reaction as a result of the interaction with the "victims." The fact that this reaction resulted from a role play, essentially a hypothetical exercise, demonstrates the strength of the role play as a teaching tool. The experience raises a question for further research: What are the effects on reporters who experience trauma or who interview trauma victims? While instructors must proceed cautiously in this area, with due regard to their students, our experience strongly supports the value of educating journalists about trauma by means of interview role plays, framed by clear information about the disorder and followed, as often as possible, by effective discussion.

BEST COPY AVAILABLE

Appendix A

Fundamentally, there are two kinds of grief:

BEREAVED #1
-stunned, dazed, overwhelmed, reaction times seem to slow down
-shortness of breath, problems in speaking, unable to cry, numbness, confusion
-on "auto pilot," experiences a sense of unreality
-absence of feeling...a certain flatness, zombie like
-says things like, "I'm fine." ... "I'm all right."
-focuses on facts or immediate problem, deflecting from personal emotion

BEREAVED #2
-needs to move around, get fresh air
-feels dizzy, panicky
-feels as though things are happening too fast
-shows a tendency to cry, sob, weep or wail

All bereaved individuals may experience feelings of frustration and anger, helplessness or fear for their own lives. They also may experience problems concentrating.

Possible physical problems for anyone having undergone sudden and unexpected trauma include chills, headaches, heart flutters, hot flashes, knots in stomach, lowered resistance to disease, nausea, nervousness and tension, and tightness in neck and back.

For the victim's family, the world looks different; others seem to be carrying on with "life as usual." This can make the world seem callous, cold, dull, frightening, indifferent, uncaring and unreal. A common but often unexpressed feeling among the bereaved is their wish to say to the world, "Don't you understand that my life has been turned upside down and that everything is different?"

Often in the case of a suicide or homicide, the bereaved feels responsible, as though there is something he or she could have done to prevent the death of the loved one. In addition, parents who have lost children are often treated by others as lepers, as if the death of a child is contagious.

The method of questioning used by reporters to obtain information often makes the bereaved feel uncomfortable and intimidated. Keep in mind that other people the bereaved has to deal with also may make them feel uncomfortable -- medical examiner, funeral director, police, lawyers, curious onlookers, etc. Material may be gathered as evidence after a homicide and held until the investigation is concluded. The investigation may take longer than the bereaved would want it to. The police may not always act on information the victims' relatives provide. The and other complications can cause much anxiety.

BEST COPY AVAILABLE

Appendix B

Trauma Scenario

It is 5:15 p.m. You are a reporter for the local newspaper or TV station. A police scanner in one corner of the news room suddenly begins to squawk excitedly. The police have been called to the scene of an apparent murder-suicide on the south side of town.

You and your photographer/camera person are among the first to arrive at the house where the deaths took place. You are not permitted to approach the scene. After awhile, a detective emerges from the house and confirms to reporters there has been one violent death inside the house. Another person was shot twice in the chest, but is still alive. An ambulance is on the scene. The investigation continues, he says, but right now it appears that a man shot his wife and then turned the gun on himself; he is dead, but she is not. The detective says the two have been identified, but he will not release their names because the next-of-kin have not yet been notified of the death.

A short time later, a man and woman in their thirties (or two women in their thirties) approach the scene, looking confused and alarmed. They attempt to cross the police line, but are held back by police. Standing nearby, you hear the two explain to the police that they've just come to visit their parents, who live in the house. They demand to know what's going on. The medical examiner is on the scene and rushes over to talk to them for a few minutes. They again try to push toward the house, asking to see the scene, but are held back. They are told there has been an attempted murder-suicide inside the house and are asked to wait outside the police line for further information (along with you, representatives of other news organizations, and curious neighbors). The two protest, but the police calmly explain the scene of a crime cannot be disturbed and they must stand back. They then huddle together on the edge of the police line, waiting.

You have to file/transmit your story in 20 minutes. You know you must at least attempt to interview the two. Go ahead....

BEST COPY AVAILABLE

NOTES

[1] The University of Washington project is a collaboration with the "Victims and the Media Program" of the College of Communication Arts and Sciences, Michigan State University.

[2] Judith Lewis Herman, *Trauma and Recovery* (New York: HarperCollins Publishers, 1992).

[3] Frank M. Ochberg, M.D., "The Victim of Violent Crime," *Communicator* (Radio-Television News Directors Association), December, 1987, p. 13.

[4] Herman, pp. 1-2.

[5] Interview with Edward Rynearson, M.D., Virginia Mason Medical Center, Seattle, Washington, April, 1994.

[6] Herman, p. 2.

[7] *News Reporting and Writing*, 6th ed. (Madison, WI: WCBrown & Benchmark, 1994), p. 357.

[8] Andrew Freinkel, M.D., Cheryl Koopman, Ph.D., and David Spiegel, M.D., "Dissociative Symptoms in Media Eyewitnesses of an Execution," *American Journal of Psychiatry*, September, 1994, p. 1335.

[9] Joseph Richard Dispenza, "An Assessment of the Effectiveness of a Post Traumatic Stress Disorder Workshop on Human Services Professionals' Knowledge, Attitudes, and Facilitative Functioning," unpublished Ph.D. dissertation, State University of New York at Buffalo, 1991.

[10] Karen Rothmyer, "The Crucible; The Journalist's Life: William Serrin" *Columbia Journalism Review*, January/February 1991, p. 39.

[11] "Where Death Isn't Cheap," *American Journalism Review*, July/August 1993, p. 31.

[12] Alf Pratte, "Suicide and Journalism," *Editor & Publisher*, February 22, 1992, p. 44 (refers to study reported at West Coast Journalism Historians Conference, February 1992).

[13] Akiba A. Cohen, *The Television News Interview*, The Sage CommText Series (Newbury, Calif.: Sage Publications inc., 1987), pp. 10 and 22.

[14] Eugene J. Webb and Jerry R. Salancik, "The Interview or the Only Wheel in Town," *Journalism Monographs*, no. 2 (November 1966): p. 1.

[15] L. Silverman, "Global Learners: Our Forgotten Gifted Children," paper presented at the Seventh World Conference on Gifted and Talented Children, Salt Lake City, Utah, as described in Devorah A. Lieberman, "Ethnocognitivism, Problem Solving and Hemisphericity," in L. Sarrovar and R. Porter, eds., *Intercultural Communication: A Reader*. Seventh Edition. (Belmont, CA: Wadsworth, 1994), p. 185.

[16] Henry K. Errek and Daniel Lee Randolph, "Effects of Discussion and Role-Play Activities in the Acquisition of Consultant Interview Skills," *Journal of Counseling Psychology* 29 (1982), pp. 304-308.

[17] Cohen, p. 13.

BEST COPY AVAILABLE

[18] Albert D. Talbott, William J. Zima and Ruth McCorkle, "A News Game Called TRIO: A Task for Reporting, Interviewing and Observing," paper presented in the Newspaper Division of the Association for Education in Journalism and Mass Communication, San Diego, August, 1974. ERIC, ED 095 564.

[19] Richard Peters, "Modeling to Enhance Critical Thinking and Decision Making Skills Development in the Instruction Process: The Social Studies,"a compilation of presentations during 19087 at various conferences on critical thinking and decision making. ERIC, ED 287 781.

[20] One female student took part in all of the exercises. The other person was played either by another woman or the male student, depending on who was available.

[21] The scenario was criticized by one instructor who argued that the victims' family members usually would not be left alone by the police. Although the criticism may have merit, our interest was in the learning that results when the student has to talk to someone who is suffering trauma.

[22] Ochberg.

[23] Speakers included Edward Rynearson, M.D., Psychiatry Department and Separation and Loss Services; John Purrington, director, Separation and Loss; Cindy Sinnema, Separation and Loss; and Billie Lawson, Harborview Medical Center.

[24] The "actors" were not interviewed as a group until February 16, 1995. Each of the three reported reactions informally while the classroom presentations were taking place.

[25] See Carolyn M. Byerly, "An Agenda for Teaching News Coverage of Rape," *Journalism Educator* (Spring, 1994), pp. 59-69.

BEST COPY AVAILABLE